

**Department of Disabilities and Special Needs
Drug Test Program**

Direct Care Applicant Consent and Acknowledgment Form

As an applicant for a direct care position with the _____ of the Department of Disabilities and Special Needs, I hereby consent to and acknowledge that I am scheduled to undergo a drug test. The drug test will involve an analysis of a urine sample which I will provide at a designated collection site. The purpose of the test will be to detect the presence of the following substances: marijuana/cannabinoids (THC), cocaine metabolites, opiates, phencyclidine (PCP) and amphetamines/methamphetamines. I acknowledge that the drug test results will be made available to the Human Resource Management Director of the employing agency. I understand that a refusal to submit to drug test or a confirmed positive test result indicating the presence of illegal drugs will result in my conditional offer of employment being withdrawn.

I will present a copy of this form at the collection site when I report for my scheduled drug test.

Name of Employee: _____

Division/Institution Name: _____

Employee Social Security Number: _____

Signature of Applicant

Date

Signature of HRM Director

Date